

256379

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoRequest to Cancel
Class C charter bus
Certificate # 0350
Diamond Transportation II LLCBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2014-138-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: David M. Bacher
Address: 18 Hunter Rd Suite 3
Hilton Head Island
SC 29926Telephone: 843-247-2156
Fax: 843-681-2881
Other:
Email: dbacher@diamond-transportation.netNOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must
be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of
Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

APR 29 2015
PSC SC
MAIL / OMS

If you have any questions about this form



Highlightly

Request for Cancellation of Certificate

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 4-29-15

Please consider this a request to cancel my:

- | | |
|---------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Class C Taxi Certificate | <input type="checkbox"/> Class A Restricted Certificate |
| <input type="checkbox"/> Class C Charter Certificate | |
| <input checked="" type="checkbox"/> Class C Charter Bus Certificate | |
| <input type="checkbox"/> Non-Emergency Certificate | |
| <input type="checkbox"/> Class E Household Goods Certificate | |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate | |

My Certificate Number is 0350

Diamond Transportation II SC LLC DBA _____
(Name of Company) (If applicable)

18 Hunter Rd Suite 3 _____
(Street Address) (Mailing Address if different from Street Address)

Hunter Head Island SC 29926 _____
(City, State, Zip Code) (City, State, Zip Code)

843-247-2156 _____
(Telephone Number)

David M Boucher _____
(Signature)

Owner / Managing Member _____
(Title) Owner, President, etc.